

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*10-048,086*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								